STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155821	A. BUILDING _____ B. WING _____	C 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN TRACE HEALTH AND LIVING COMMUNITY	**3154 S SR 135 GREENWOOD, IN 46143**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00197084 and IN00197971. This visit was done in conjunction with the Recertification and State Licensure Survey and with the State Residential Licensure Survey. IN00197084 - Substantiated. No deficiencies related to the allegations are cited. IN00197971 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: April 6, 7, 8, 11, 12, 13, 14, and 15, 2016. Facility number: 013185 Provider number: 155821 AIM number: 201221460 Census bed type: SNF: 49 SNF/NF: 51 Residential: 37 Total: 137 Census payor type: Medicare: 25 Medicaid: 40 Other: 35 Total: 100 Aspen Trace Health and Living Community was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to Investigation of Complaints IN00197084 and IN00197971.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155821	A. BUILDING _____ B. WING _____	C 04/15/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	Continued From page 1 Q.R. completed by 14466 on April 20, 2016.	F 000		